

**Montana WIC Program**  
End of Certification/Notice of Ineligibility



The WIC certification for \_\_\_\_\_ will expire on \_\_\_\_\_ for the following reason:  
(Name) (Date)

	Your infant or child is due for re-certification - Please make your next appointment!
	Your child is over five (5) years of age.
	You are a non-breastfeeding woman more than 6 months postpartum.
	You are a breastfeeding woman whose infant is over 1 year of age.
	Your family's income is too high.
	You do not live in the Montana WIC Program service area.
	You requested withdrawal from the WIC Program.
	Program Fraud/Abuse:
	Other:

If your circumstances change and you would like to re-apply, please contact your local WIC office.

For questions or information call: \_\_\_\_\_

\_\_\_\_\_  
Participant/Guardian Signature      Date

\_\_\_\_\_  
WIC Staff Signature      Date

**WIC Fair Hearing Procedures**

If you are dissatisfied with any decision about your eligibility for WIC, you are entitled to a fair hearing.

1. Submit a verbal or written request within 60 days of denial of participation to either your local WIC office or the State WIC office: WIC Program Coordinator, Cogswell Bldg., Helena, MT 59620 (406) 444-5533.
2. You will then receive a copy of the Montana WIC Hearing Procedures.
  - You may be represented by an attorney or anyone at the hearing.
  - The hearing shall be within 3 weeks of receiving the request and shall be convenient for you.
  - You will have 10 days written notice of the time and place of the hearing.
  - The hearing will be conducted by an impartial official.
  - You have the right to present any evidence on your behalf.
  - You will be given the final decision in writing within 45 days from the date of the request for hearing.

## USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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